page 1 of 2 (FOR EMPLOYERS WHO OFFER PRESCRIPTION DRUGS THROUGH THE SHBP BASED ON THE MEDICAL PLAN THE SUBSCRIBER IS ENROLLED.)

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS NEW JERSEY SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM CHAPTER 172 PART-TIME LOCAL EDUCATION MONTHLY ACTIVE GROUP MONTHLY RATES EFFECTIVE 1/1/2014 to 12/31/2014

PLAN/COVERAGE	
DESCRIPTION	MONTHLY RATE
AETNA FREEDOM10 #018(1)	
Single	\$924.25
Member & Spouse/Partner	\$1,848.49
Family	\$2,449.27
Parent & Child	\$1,525.01
NJ DIRECT10 - #050(1)_	
Single	\$870.81
Member & Spouse/Partner	\$1,741.65
Family	\$2,307.66
Parent & Child	\$1,436.85
<u>AETNA FREEDOM15 #180(1)</u>	
Single	\$889.08
Member & Spouse/Partner	\$1,778.16
Family	\$2,356.07
Parent & Child	\$1,466.99
NJ DIRECT15 #150(1)	
Single	\$828.99
Member & Spouse/Partner	\$1,658.00
Family	\$2,196.83
Parent & Child	\$1,367.83
AETNA HMO #019(1)	
Single	\$864.53
Member & Spouse/Partner	\$1,729.05
Family	\$2,291.01
Parent & Child	\$1,426.48
HORIZON HMO #011(1)(4)	
Single	\$857.81
Member & Spouse/Partner	\$1,715.60
Family	\$2,273.20
Parent & Child	\$1,415.39
AETNA FREEDOM1525 #063(2)	
Single	\$806.61
Member & Spouse/Partner	\$1,613.22
Family	\$2,137.54
Parent & Child	\$1,330.92
NJ DIRECT1525 #051(2)	
Single	\$799.92
Member & Spouse/Partner	\$1,599.82
Family	\$2,119.79
Parent & Child	\$1,319.87
AETNA HMO1525 #061(2)	
Single	\$802.18
Member & Spouse/Partner	\$1,604.38
Family	\$2,125.79
Parent & Child	\$1,323.60
HORIZON HMO1525 #053(2)(4)	
Single	\$795.98
Member & Spouse/Partner	\$1,591.96
Family	\$2,109.34
Parent & Child	\$1,313.36

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(FOR EMPLOYERS WHO OFFER PRESCRIPTION DRUGS THROUGH THE SHBP BASED ON THE MEDICAL PLAN THE SUBSCRIBER IS ENROLLED.)

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS NEW JERSEY SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM CHAPTER 172 PART-TIME LOCAL EDUCATION MONTHLY ACTIVE GROUP MONTHLY RATES EFFECTIVE 1/1/2014 to 12/31/2014

Single	AETNA FREEDOM2030 #064(3)	
Member & Spouse/Partner \$1,531.79 Family \$2,029.63 Parent & Child \$1,263.73 NJ DIRECT2030 #052(3) \$1,263.73 Single \$759.60 Member & Spouse/Partner \$1,519.19 Family \$2,012.95 Parent & Child \$1,253.35 AETNA HM02030 #062(3) \$1,253.35 Single \$768.36 Member & Spouse/Partner \$1,536.66 Family \$2,036.15 Parent & Child \$1,267.79 HORIZON HM02030 #054(3)(4) \$1,267.79 HORIZON HM02030 #054(3)(4) \$1,524.98 Single \$762.52 Member & Spouse/Partner \$1,524.98 Family \$2,020.67 Parent & Child \$1,258.15 AETNA FREEDOM2035 #066(5) \$1,258.15 Single \$663.87 Member & Spouse/Partner \$1,327.75 Family \$1,527.75 Parent & Child \$1,095.40 NJ DIRECT2035 #056(5) \$1,095.40 NJ DIRECT2035 #056(5) \$1,066.47 <td></td> <td>\$76E 90</td>		\$76E 90
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Parent & Child		
NJ DIRECT2030 #052(3) Single		* /* * * * *
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Member & Spouse/Partner \$1,327.75 Family \$1,759.27 Parent & Child \$1,095.40 NJ DIRECT2035 #056(5) \$658.47 Single \$658.47 Member & Spouse/Partner \$1,316.93 Family \$1,744.94 Parent & Child \$1,086.47 AETNA HMO2035 #065(5) \$668.17 Single \$668.17 Member & Spouse/Partner \$1,336.33 Family \$1,770.64 Parent & Child \$1,102.48 HORIZON HMO2035 #055(5) \$663.14 Single \$663.14 Member & Spouse/Partner \$1,326.29 Family \$1,757.33	AETNA FREEDOM2035 #066(5)	
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AETNA HMO2035 #065(5) Single \$668.17 Member & Spouse/Partner \$1,336.33 Family \$1,770.64 Parent & Child \$1,102.48 HORIZON HMO2035 #055(5) Single \$663.14 Member & Spouse/Partner \$1,326.29 Family \$1,757.33		
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Single \$663.14 Member & Spouse/Partner \$1,326.29 Family \$1,757.33	HORIZON HMO2035 #055(5)	
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Family \$1,757.33		• • • • • • • • • • • • • • • • • • • •
	Parent & Child	\$1,094.19

¹⁾ Subscribers in # 150 and #180 are subject to \$15 Primary Care and \$15 Specialist office visit copayment and are eligible for Prescription Drug Plan #201. Subscribers in #050, #018, #019 and #011 are subject to a \$10 primary care and \$10 specialist office visit copayment and are eligible for Prescription Drug Plan #201

- 2) Subscribers in #051, #061, #053 and #063 are subject to \$15 Primary Care and \$25 Specialist office visit copayment and are eligible for Prescription Drug Plan #205
- 3) Subscribers in # 052,#062, #054 and #064 are subject to \$20 Primary Care and \$30 adult/\$20 child Specialist office visit copayment and are eligible for Prescription Drug Plan #206
- 4) For Horizon HMO Plans #011, #053 and #054 service area is limited to New Jersey, Delaware, and parts of Pennsylvania and New York;
- 5) Subscribers in #066,#056, #055, and #065 are subject to \$20 Primary Care and \$35 specialist office vist copayment